



Capital Health and Safety Fund for State Agencies
APPLICATION FOR FUNDING

1. Secretariat			
2. Agency / Department / Division Name			
3. Name of contact person for questions regarding this application			
4. Contact phone #		5. Contact e-mail	
6. Location(s) where equipment will be in use			
7. Description and quantity of requested equipment			
8. Describe the supporting program elements (e.g. training, policy) that will be instituted with this equipment acquisition and use			
9. Hazard being addressed by the acquisition and use of this equipment			

10. Describe the sustainable institutionalized changes that will be realized with the acquisition and use of this equipment			
11. Direct costs to agency/department/division in previous fiscal year related to this hazard			
12. Number of reported incidents and / or workers' compensation claims for this hazard for the previous year			
13. Description of risk if no previous year claims with this hazard			
14. Name and contact information of agency/department/division workers' compensation manager			
15. Additional information (if any) not addressed above			
Print name of Secretariat Health and Safety Administrator			
Signature of Secretariat Health and Safety Administrator		Date	
Print name of Agency/Department/Division Director			
Signature of Agency/Department/Division Director		Date	

Remit completed application to:

Department of Labor Standards
Workplace Safety & Health Program
19 Staniford Street, 2nd Floor
Boston, MA 02114
ATTN: Michael Flanagan
or Michael.flanagan@massmail.state.ma.us